

A PROPOSAL FOR CITIZEN REVIEW

# NEIGHBORHOOD CENTER

## FACILITIES

EDITION 13

FB 3

SAN FRANCISCO  
PUBLICATIONS

A PART OF THE COMMUNITY FACILITIES ELEMENT  
OF THE  
COMPREHENSIVE PLAN OF SAN FRANCISCO

PREPARED BY THE SAN FRANCISCO DEPARTMENT OF CITY PLANNING

NOVEMBER 1976

D  
REF  
711.4097  
Sa52n

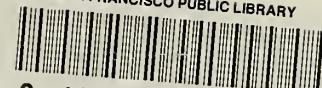


5/S

SAN FRANCISCO  
PUBLIC LIBRARY

REFERENCE  
BOOK

Not to be taken from the Library

CONTENTS

3 1223 03713 4591

Page

Preface	i
Relation to Comprehensive Planning	ii
Introduction: The Role of Neighborhood Centers	ii
Section I : Existing Neighborhood Center Facilities	1
Section II : Need for Neighborhood Social Service Facilities	8
Section III: The Plan for Neighborhood Center Facilities (draft)	13
Fundamental Assumptions	15
Objectives and Policies	16
Criteria	21
Section IV : Program Recommendations and Actions	24

MAPS

Page	
Public Library Facilities and Locations	3
Public Health Facilities and Locations	4
Recreation Facilities and Locations	6
Distribution of Family Income	9
Percentage of Population Over Sixty-Five Years Old	10
Percentage of Population Under Five Years Old	12

D REF 711.4097 Sa52n

San Francisco (Calif.).  
Dept. of City Planning.  
Neighborhood center  
facilities : a proposal  
1976]

3 1223 03713 4591

S.F. PUBLIC LIBRARY

## Preface

Preparation of a plan for neighborhood centers was prompted by widespread community requests for development of City-owned neighborhood centers, and by subsequent program commitments by the Board of Supervisors to fund such centers through the 1975 and 1976 Community Development Block Grant Programs. An approach for the setting of priorities in implementation of this program was provided by consultants in an Inventory of Existing Needs for Neighborhood Centers in San Francisco: Final Report November 1975. With funding available and priorities set, the remaining step was a plan for locating and developing neighborhood centers, a Charter responsibility of the Department of City Planning under Section 116.

This report proposes a plan consisting of objectives, policies and criteria for the distribution, location, design, use and administration of City-owned neighborhood centers. As a policy document, this report does not specify sites, or the services and activities to be housed in the centers. Rather, the plan sets forth objectives and broad goals to govern the location and development of neighborhood centers, together with more detailed policies and criteria that articulate the objectives and serve as guidelines for decision-making.

The report has four main sections, covering (1) existing facilities; (2) the need for centers; (3) objectives, policies and criteria and (4) programs.

Section one, on existing facilities, reviews both public and private facilities that now provide, to varying degrees, the services and activities generally associated with the neighborhood centers program.

Section two on the need for centers, reviews population characteristics as an indication of social service needs. Consideration is given to factors such as income, age distribution and relative concentrations of people in need of services.

Section three, the objectives, policies and criteria, is the most important part of the report since, following public review and revision, this section will be recommended for adoption as the Neighborhood Center Facilities section of the San Francisco Comprehensive Plan (Master Plan), establishing the policy framework for future short-term planning and implementation for neighborhood centers.

Section four, the programs, outlines commitments made through the Community Development program and other actions that can be taken in support of neighborhood centers in San Francisco.



## Relation to Comprehensive Planning

Under the City Charter, the Department of City Planning is responsible for coordination of long-range planning for public facilities. Neighborhood Center Facilities is the second in a series of proposed revisions of the Community Facilities Element of the Comprehensive Plan. Other sections of this Element include Police Facilities, adopted in August 1974, and sections on library, health and fire facilities which are to be formulated at a later time.

## Introduction: The Role of Neighborhood Centers

Community services and facilities to meet social, cultural, educational and recreational needs contribute significantly to the quality of community life. Public facilities such as libraries, schools, recreation centers and public health clinics have long been recognized as meeting many of those needs. However, there are also pressing needs for child care, senior programs, nutrition programs, counseling and referral services; such needs often remain unsatisfied in many neighborhoods, where the services might be available if there were adequate facilities to house them.

In many cases, the limitations of current facilities dictate a low level of services. In other cases, the inability of facilities to meet code requirements, such as open space standards for child care or kitchen health standards for meals programs, precludes provision of services. Furthermore, existing services are often inadequately housed in rented quarters, and poorly located or inaccessible to many people they ought to serve.

For these reasons, many San Franciscans are virtually being denied access to needed human services, and therefore a commitment should be made to develop a network of neighborhood centers that will provide a focus for neighborhood activities and services. These centers would be a new and better location for existing services that are inadequately housed, and would provide space for new services or expanded existing services to meet the needs of a particular neighborhood. In addition to providing services directly, the neighborhood centers can be used to refer residents to other locations in a citywide network of services.

Neighborhood centers can also provide a focus for community life, through opportunities for informal activities and programs related to the recreation, education and civic concerns of all age groups. Centers can be used by various neighborhood groups for meetings and social gatherings, and as a base for programs such as scouting. In summary, neighborhood centers can contribute significantly to the quality and cohesiveness of San Francisco's neighborhoods, and make them more socially responsive to residents.



## SECTION I

### EXISTING NEIGHBORHOOD CENTER FACILITIES

The need for neighborhood center facilities has long been recognized by people who are concerned with the social well-being of communities. Settlement houses, neighborhood centers, community facilities affiliated with religious institutions, and centers built by ethnic or fraternal organizations can be found in all major cities.

#### Private Neighborhood Center Facilities

San Francisco is fortunate in having approximately 20 privately operated neighborhood centers that are nonsectarian and open to the general public. Services and activities are generally available at no cost or low to moderate fees and may include recreational and cultural programs, child-care services, senior citizen programs, health screening and various counseling and referral services.

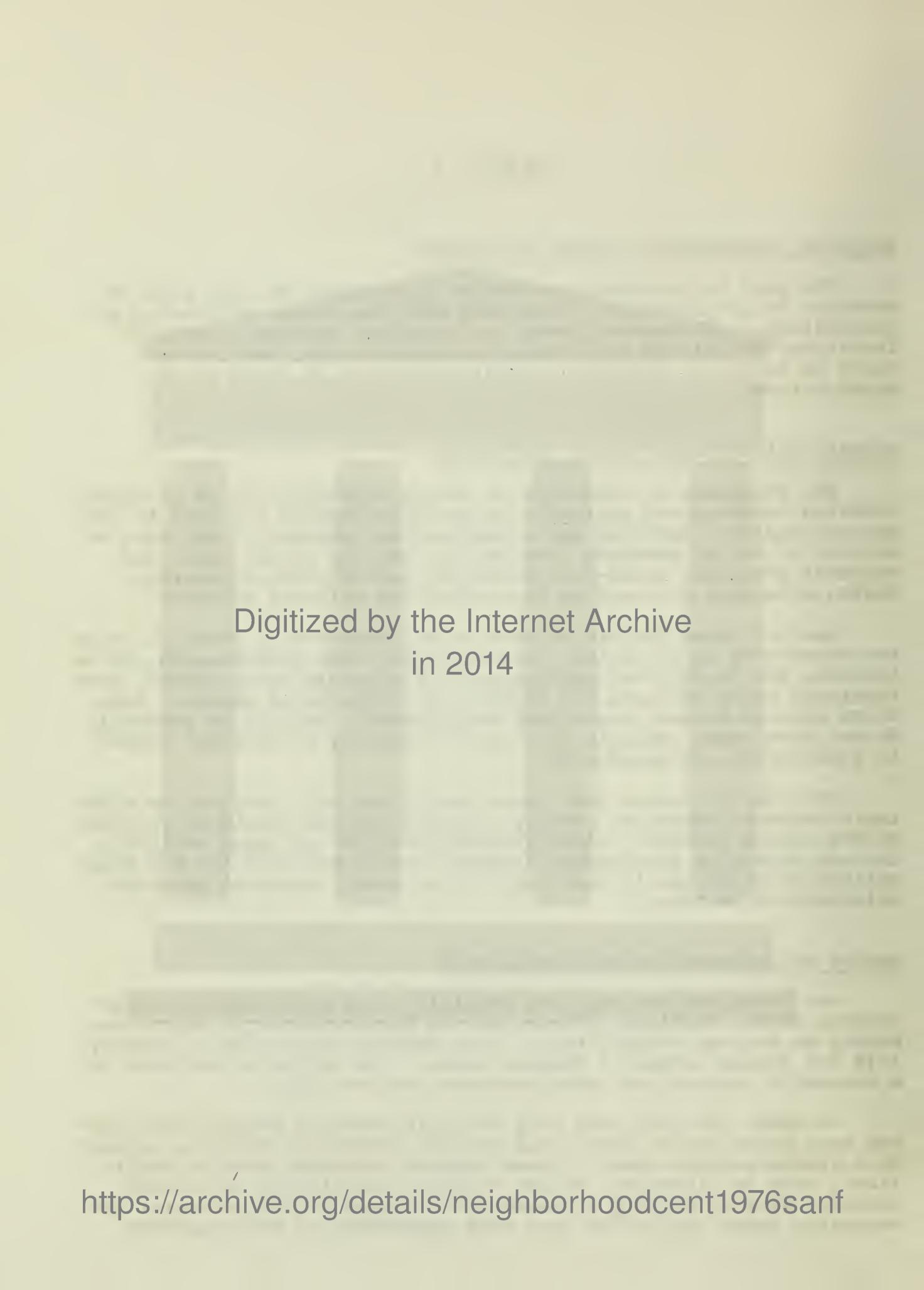
Many of these facilities need to be renovated in order to bring the structures up to health, fire and other code requirements, or to increase the facilities' usefulness to the people being served, particularly young children, the elderly and handicapped people. Even where centers do meet local code requirements, facilities generally do not have space adequate to house the variety of services needed in a particular neighborhood.

In order to insure that these facilities will continue to offer their valuable community services, public support should be provided to the extent possible. Approximately \$450,000 was made available through Community Development funding in 1975 and 1976 for the rehabilitation (principally code work) of privately operated nonprofit neighborhood centers.

#### Public Neighborhood Service Facilities

San Francisco has only one publicly owned multi-service neighborhood center facility, located in the Bayview-Hunter's Point community on Whitney Young Circle. This facility was built in January 1974 and funded through a Federal grant. The center is operated by a nonprofit corporation under contract with the City.

Although the City owns only one multi-service neighborhood center many other public facilities provide community services, usually on a single-purpose basis. These various community service facilities, such as libraries, health centers, schools and recreation centers, will be briefly reviewed here because of the potential for expanding these facilities into more comprehensive multi-purpose

A very faint, large watermark-like image of a historical document is visible in the background. The document features a prominent seal at the top center, surrounded by dense, illegible text in two columns. The paper has a slightly aged, yellowish tint.

Digitized by the Internet Archive  
in 2014

<https://archive.org/details/neighborhoodcent1976sanf>

neighborhood centers. The rationale for this approach stems from the notion that it is generally easier and less costly to expand or modify an existing public facility than to build and staff a new one.

### Library Facilities

San Francisco has 22 publicly owned libraries, including the Main Library, and six rented storefront branches. In general, these libraries were conceived and designed as single-purpose facilities, with limited space for other community use such as neighborhood activities and meetings.

Twelve branch libraries have meeting rooms, with an average seating capacity of 55, that can be used without interfering with library functions. In addition, the Park, Chinatown and Bernal Heights branches have spaces, separate from library activities, that can be used for more extensive community service programs such as child care and senior programs. Further development of these spaces for community use has been funded through the 1976 Community Development Program. The map on page 3 indicates the locations of libraries and their capacity for accommodating additional community services.

### Public Health Facilities

Public health services for San Francisco residents are dispensed through five District Health Centers, three emergency hospitals and several rented public health subcenters. In addition to these health centers, San Francisco General Hospital provides hospital care and Laguna Honda Hospital provides convalescent care. The map on page 4 shows public health facility locations.

The district health centers provide a variety of services on an appointment or drop-in basis, including clinical services such as health screening, well-child care, family planning, dental care and immunizations. Health centers also provide environmental health inspections and health education, information and referral services. The public health subcenters provide health screening, health counseling, and clinical services on a more limited basis than district health centers. The three emergency hospitals provide emergency health care and limited health screening services.

San Francisco's public health facilities were also conceived as single-purpose facilities, emphasizing health and emergency services. District health centers do, however, have classrooms and meeting rooms which are available for limited community use, principally during evening hours when health centers are not in full operation.



# PUBLIC LIBRARY FACILITIES AND LOCATIONS



■ MAIN PUBLIC LIBRARY

A. Moin Library, Civic Center

● BRANCH LIBRARY WITH MEETING SPACE  
FOR LIMITED NON-LIBRARY ACTIVITIES

B. Anna Waden, 5075 Third St.

C. Bernal, 500 Cortland Ave.

D. Chinatown, 1135 Powell St.

E. Excelsior, 4400 Mission St.

F. Golden Gate, 1801 Green St.

G. Noe Valley, 451 Jersey St.

H. Park, 1833 Page St.

I. Parkside, 1200 Taraval St.

J. Potrero, 1616 Twentieth St.

K. Western Addition, 1550 Scott St.

▲ OTHER BRANCH LIBRARY

L. Anzo, 550 Thirty-seventh Ave.

M. Eureka Valley, 3555 Sixteenth St.

N. Marina, Chestnut and Webster Streets

O. Merced, 155 Winston Drive

P. Mission, 3359 Twenty-fourth St.

Q. North Beach, 2000 Mason St.

R. Ortega, 3223 Ortega St.

S. Presidio, 3150 Sacramento St.

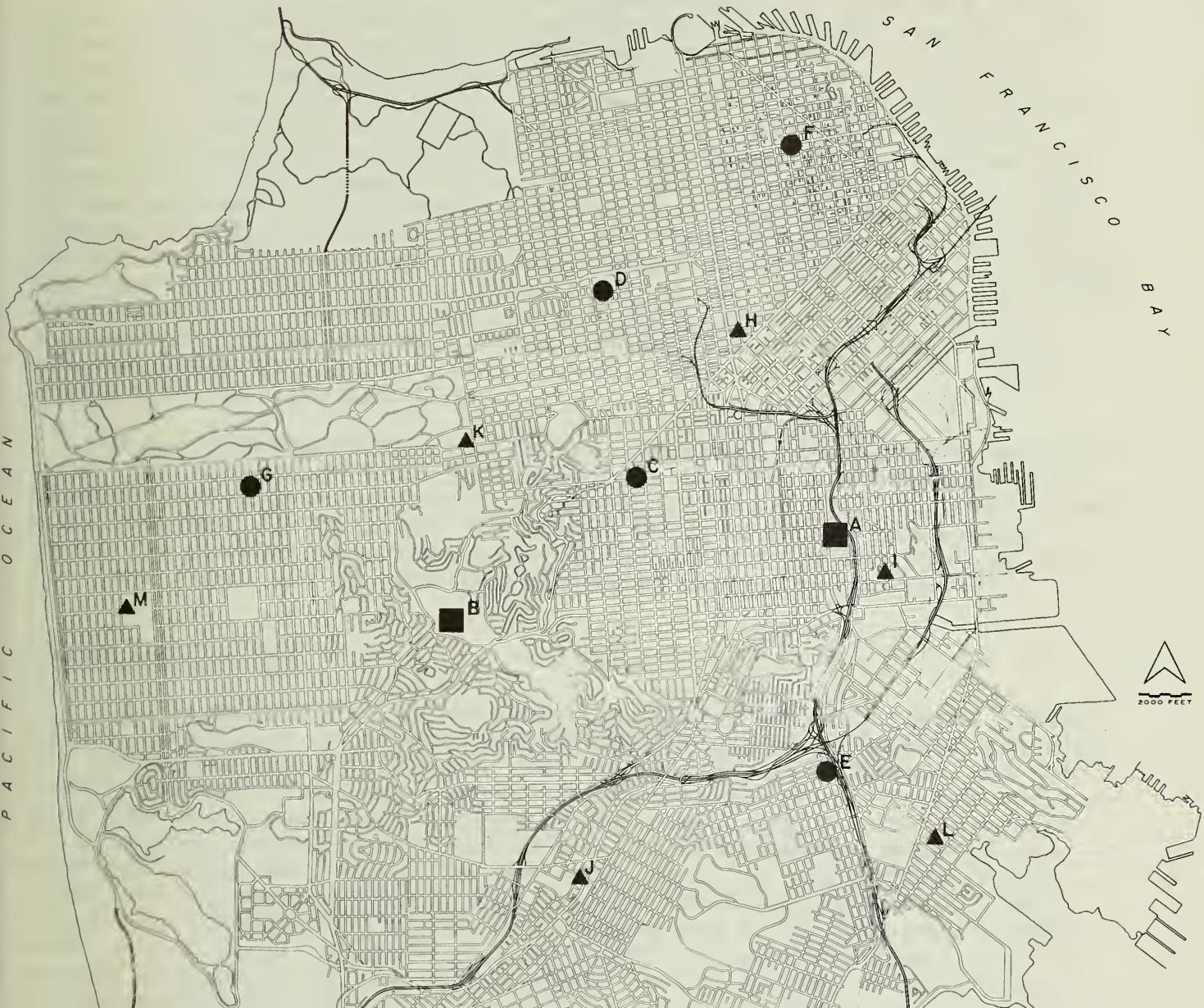
T. Richmond, 351 Ninth Ave.

U. Sunset, 1305 Eighteenth Ave.

V. West Portal, 190 Lenox Way



# PUBLIC HEALTH FACILITIES AND LOCATIONS



## ■ MAJOR HOSPITAL

- A. San Francisca General Hospital, 1001 Potrero Ave.
- B. Laguna Honda Hospital, 375 Laguna Honda Blvd.

## ● DISTRICT HEALTH CENTER

- C. District Health Center Number I, 3850 Seventeenth St.
- D. " " " " 2, 1301 Pierce St.
- E. " " " " 3, 1525 Silver Ave.
- F. " " " " 4, 1490 Mason St.
- G. " " " " 5, 1351 Twenty-fourth Ave

## ▲ OTHER HEALTH FACILITY

- H. Health Center/Central Emergency Hospital, 101 Grove St.
- I. Potrero Hill Health Center, 1050 Wisconsin St.
- J. Alemany Emergency Hospital, 45 Onandago Ave.
- K. Park Emergency Hospital, Stanyan near Waller (Golden Gate Park)
- L. Ambulatory Health Care Center, Keith St and Bancroft Ave.
- M. District No 5 Mental Health Center, 1990 Forty-first Ave.



## Recreation Facilities

San Francisco has a well-developed system of parks and recreation facilities including 120 neighborhood parks and squares, and 16 major recreation centers. These recreation centers typically include a gym, an auditorium, meeting/game rooms and outdoor play areas. Recreation centers are the focus for a variety of organized recreation activities and programs for all age groups, including indoor and outdoor sports, sports instructions, senior citizen programs, tiny tot programs and crafts. Meeting rooms are often used by neighborhood groups, and auditoriums are used for shows and major community gatherings such as fairs or "town meetings". In addition to the 16 major recreation centers, there are 24 playground buildings with meeting rooms, typically used for senior programs and neighborhood meetings. The Recreation and Park Department also operates two senior citizen centers, one at Fulton Street and 37th Avenue and the other at 1111 Buchanan Street. The map on page 6 shows recreation facility locations.

While recreation facilities are extensive, they are intensively used for recreation purposes throughout the day and evening, precluding significant expansion of social services at these facilities. Also, current City Charter provisions put recreation facilities under the exclusive jurisdiction of the Recreation and Park Department and limit use of park facilities to recreation purposes.

## School Facilities

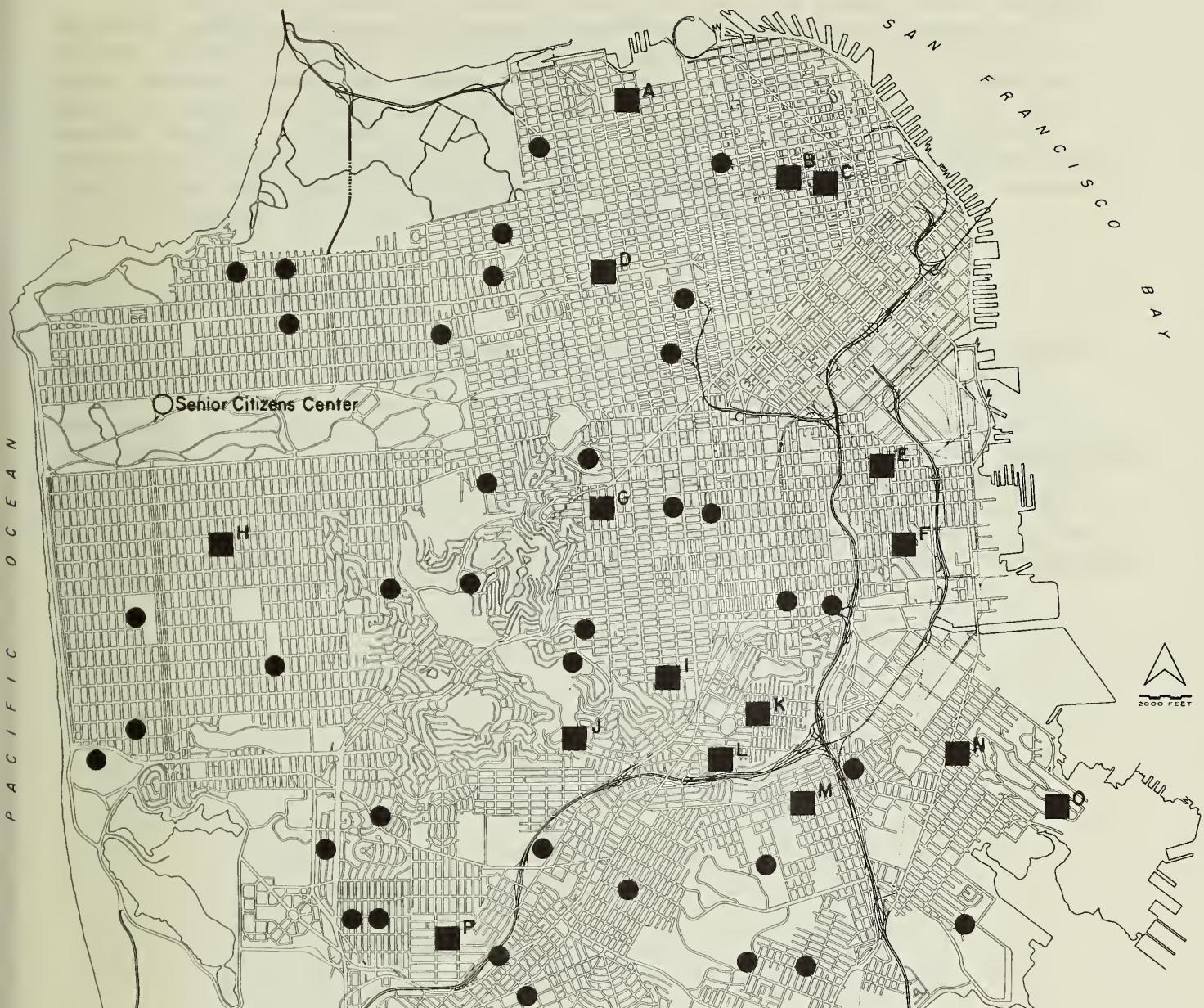
San Francisco has an extensive inventory of educational facilities. Buildings at approximatley 135 locations throughout the city are under the jurisdiction of the Unified School District and Community College District. School facilities are already used for various community services, including daytime preschool child care at 13 locations serving 600 children. In the evening, schools are made available for community meetings, gyms are opened for recreation, and classrooms are used for adult enrichment courses. Because of fluctuating enrollment patterns and Field Act requirements, some school facilities are underutilized or are not being used for school purposes. To the extent space is available, and locations are appropriate, the school facilities should be considered for neighborhood center uses.

## Neighborhood Arts Facilities

The San Francisco Art Commission, through recent revenue sharing allocations and other funding for its Neighborhood Arts Program, has undertaken acquisition and development of several neighborhood arts centers throughout the city including the South San Francisco Opera House in the South Bayshore, facilities in the Western Addition and South of Market and a 15 year lease for facilities in Chinatown. Priorities for future purchases include facilities for the Mission, Haight-Asnbury, Richmond, Sunset, Noe-Eureka and Ocean View districts.



# RECREATION FACILITIES AND LOCATIONS



## ■ MAJOR RECREATION CENTER OR COMPLEX

- A. Funston Playground Complex, Chestnut and Buchanan Streets
- B. Chinese Recreation Center, Mason and Washington Streets
- C. Chinese Playground, Sacramento St and Waverly Place
- D. Hamilton Playground Complex, Geary and Steiner Streets
- E. Jackson Center, Seventeenth and Carolina Streets
- F. Potrero Hill Recreation Center, Twenty-second and Arkansas Streets
- G. Eureka Valley Playground Complex, Callingswaad and Eighteenth Streets
- H. Sunset Playground Complex, Twenty-eighth Ave and Lawton St.
- I. Upper Noe Playground Complex, Day and Sanchez Streets
- J. Glen Park Recreation Complex, Chenery and Elk Streets
- K. Bernal Recreation Center, Maultrie St and Jarboe Ave.
- L. St. Mary's Playground Complex, Murray St. and Justin Drive
- M. Partolo Playground Complex, Felton and Halyake Streets
- N. Joseph Lee Recreation Center, Oakdale Ave. and Mendell St.
- O. Milton Meyer Recreation Center, Kiska and Reardon Roads
- P. Ocean View Playground Complex, Capitol Ave. and Montana St.

## ● OTHER RECREATION FACILITY WITH MEETING SPACE FOR LIMITED PUBLIC USE



As with the library, health and recreation facilities, neighborhood arts centers are being developed as single-purpose facilities, accommodating various arts programs that include visual arts, dance, theatre, poetry photography and music. To a limited extent, services such as child care are being considered for art center users, and meeting rooms can be made available for other community purposes when not in use for arts programs. Because arts facilities are used throughout the day and evening, limited capacity is anticipated for non-arts-related community services.

#### Other Public Facilities

Fire and police stations are the only other significant public facilities that are located on a neighborhood basis. The nine district police stations and forty-four fire stations are also designed as single-purpose facilities with little or no space for community use. Some police stations are used for community meetings, principally those related to police/community relations. In light of the single-purpose character of police and fire stations, and the obsolescence of many of these facilities, consideration for expanded community use of these facilities should be given in planning for the replacement of these facilities.



## SECTION II

### NEED FOR NEIGHBORHOOD SOCIAL SERVICE FACILITIES

#### Background

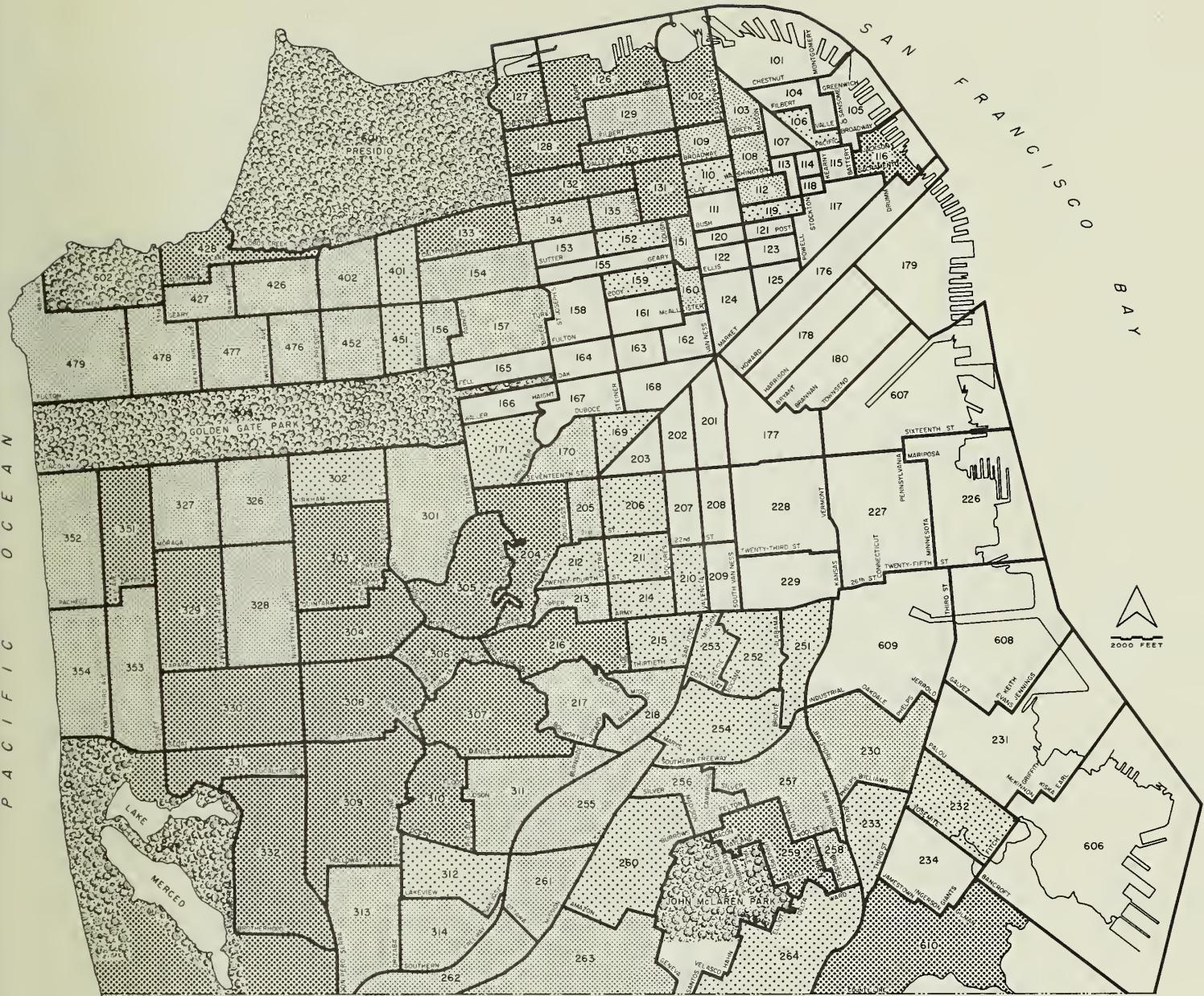
The preceding discussion of public and private neighborhood facilities and services makes it clear that San Franciscans do have access to some needed social services. However, when one compares the levels and types of services offered with the broad range of service needs, significant "service gaps" become evident. Likewise, services may be virtually denied those persons who need them for various reasons, including lack of knowledge of available services, limited capacity of service providers to meet needs, reluctance to seek social services outside one's own neighborhood, and poor access or the inability of some to travel to the service locales.

Family income information is a most relevant factor in determining where and what types of social services are most urgently needed. In general, middle- and upper-income families have sufficient means and mobility to secure needed social services, and the services they need tend to be recreational and cultural in nature. Low- and moderate-income people, on the other hand, generally lack the means and mobility to secure needed services, and the nature of their social service needs is more basic and life supporting: programs to improve nutrition, health care, job and career counseling, and child care. The map on page 9 shows the relative concentrations of lower-income people in 1970.

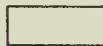
Other indicators relevant to the determination of social service needs include the number of families receiving Social Security income, population density, the infant death rate, overcrowding; rates of crime, unemployment and school dropout; and the number of female-headed households. Many of these indicators reflect low income, and therefore the level of poverty is the best general indicator of overall social service needs. These more specific indicators are useful for identifying and programming needed services for a given neighborhood.

While the need and desire for social services is citywide, the highest priority should be given to delivery of services that meet the most basic human needs, and to neighborhoods where services are most urgently needed. For example, the elderly need not merely occasional recreation programs, but daily services for nutrition (meals programs), health care, cultural activities and counseling, including assistance in coping with problems of immobility, housing, personal finance and loneliness. It is important that these services be available, but it is even more important that they be accessible to seniors who have difficulty traveling and are dependent upon transit. The map on page 10 shows concentrations of people





## DISTRIBUTION OF FAMILY INCOME



Income less than 80% of median family income – under \$8,402



Income between 80% and 100% of median – \$8,403 - \$10,503

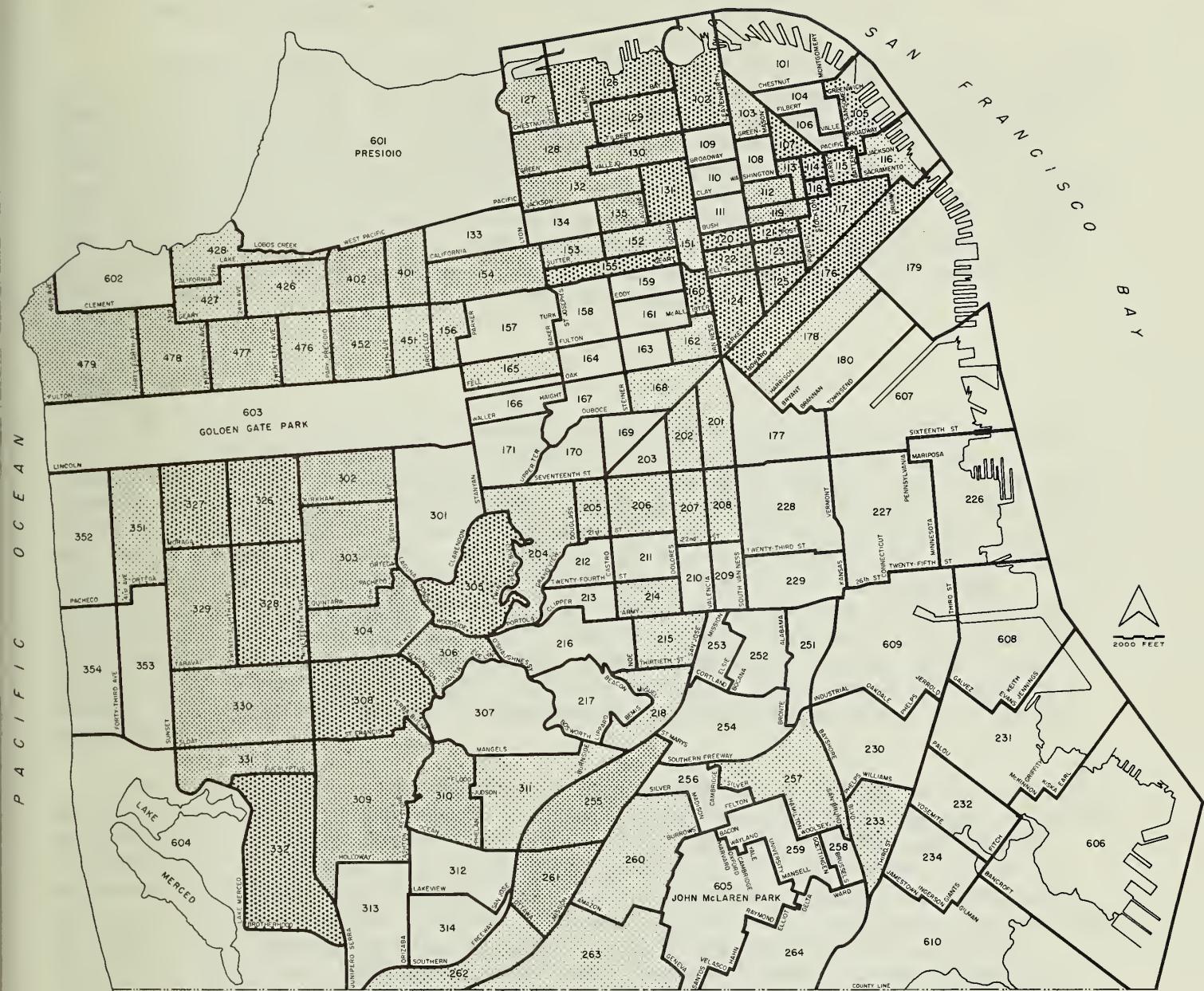


Income between 100% and 120% of median – \$10,504 - \$12,603

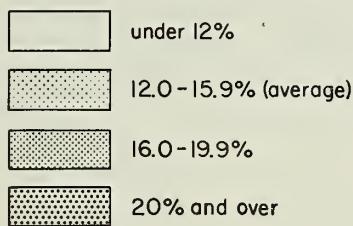


Income over 120% of median – greater than \$12,604





### PERCENTAGE OF POPULATION OVER SIXTY-FIVE YEARS OLD



Source: 1970 Census



age 65 and over in 1970 as a general indicator of where the need for elderly services exists.

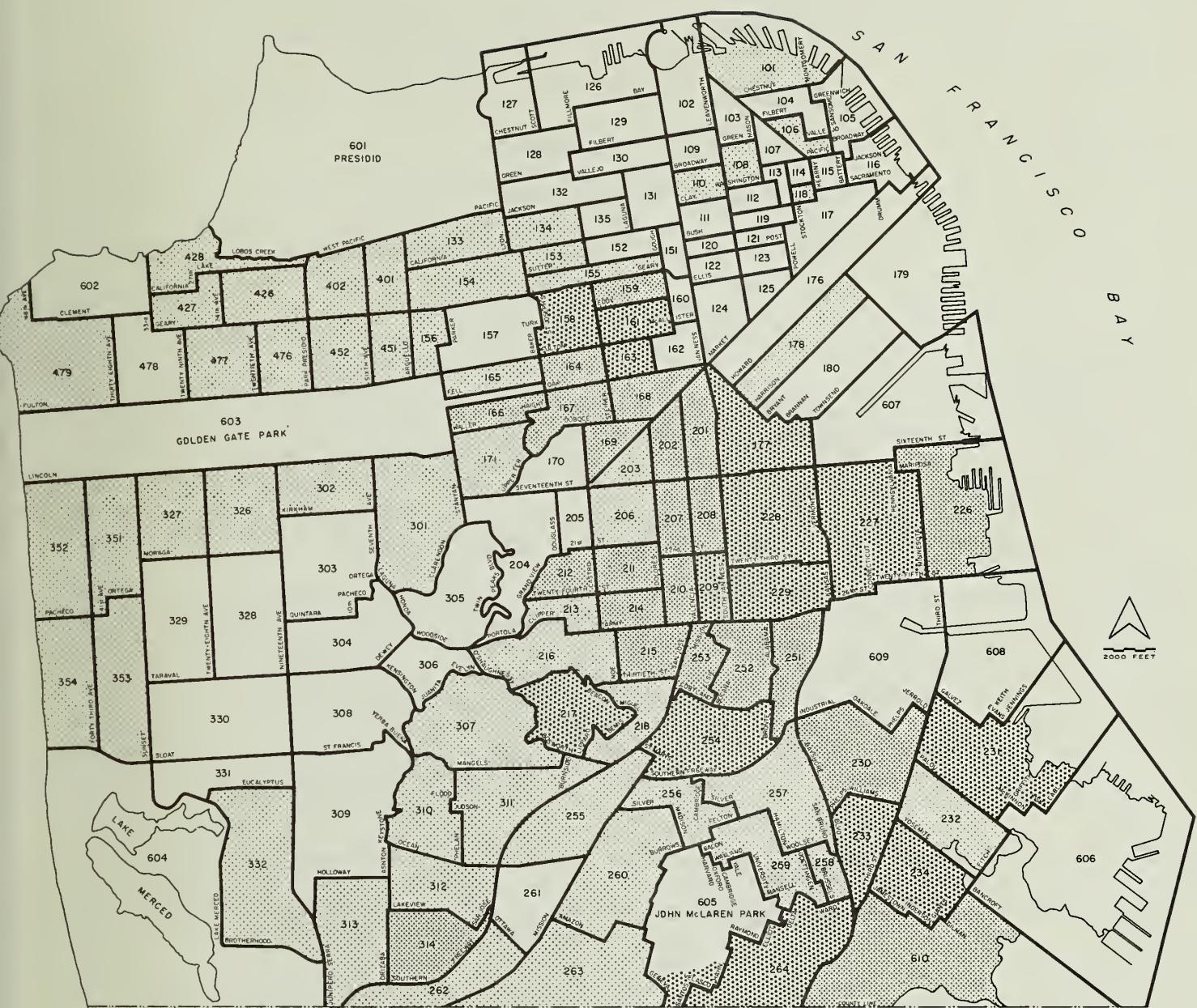
Another example of a pressing service need is child care. Most child-care services currently provided are part-time, and therefore they are inadequate for single parent families and for families in which both partners work and/or are going to school. Because of inadequate child-care facilities, many parents are unable to support their families or pursue careers. The indicator of child-care needs are the extensive waiting lists for both full- and part-time child-care services. The map on the following page shows concentrations of children under age five in 1970 and is a general indicator of where a need for child-care services exists.

### Conclusion

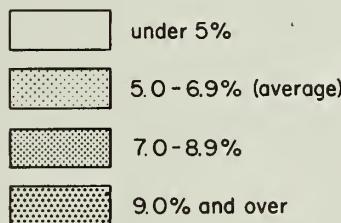
No single approach is appropriate for meeting all of San Francisco's diverse and complex service requirements. The unique character of our neighborhoods, with their individual social service needs, resources and facilities, suggests that problems and solutions should be examined on a neighborhood basis. In some situations it may make sense to provide a variety of services from the same facility. In other situations only individual services are needed. Sometimes the character of certain services requires their delivery on a single-purpose basis. For example, recreational, cultural and enrichment programs are generally compatible and can be delivered from a multi-purpose facility, while certain drug abuse or mental health programs may be more appropriately delivered from a single-purpose facility.

Neighborhood center facility resources vary among neighborhoods, as do the needs for services. Some neighborhoods have ample private neighborhood center facilities, but they may be in various states of physical disrepair. Public policy should be directed toward maintaining these facilities and their valuable community services. In other neighborhoods, social service needs can best be accommodated by adapting, modifying or expanding existing public facilities. Finally, there are neighborhoods that have a need for services but lack both public and private service facilities, or have existing facilities that are inadequate to meet urgent service needs. In these neighborhoods, public policy should be directed toward development of new City-owned neighborhood centers. Such City-owned centers would provide expansion space for existing services, relocation space for services that are ill-housed or poorly located, and space for needed new services. The following section presents objectives, policies and criteria for the development and location of neighborhood centers.





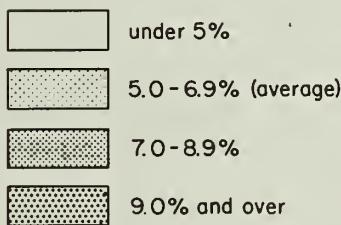
### PERCENTAGE OF POPULATION UNDER FIVE YEARS OLD







PERCENTAGE OF POPULATION UNDER FIVE YEARS OLD



Source: 1970 Census



## SECTION III

NEIGHBORHOOD CENTER FACILITIES  
A PART OF THE COMMUNITY FACILITIES ELEMENT  
OF THE COMPREHENSIVE PLAN  
CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF CITY PLANNING

## INTRODUCTION

The purpose of the Neighborhood Center Facilities Plan is to establish objectives, policies and criteria for meeting San Francisco's need for such centers. The objectives address broad goals as they govern the location, distribution, design and use of neighborhood centers, and the more detailed policies and criteria articulate the objectives and serve as guidelines for decision-making.

This plan deals principally with the distribution, location and design of neighborhood centers. It neither sets priorities for locating centers nor makes judgements as to what services or activities should be housed in any particular center. With respect to City-owned centers the authority for these decisions and assignment of center operating responsibilities rests with the Board of Supervisors who, in making their decisions, may call upon the community for input, and request technical assistance and advice from the Department of City Planning and other public agencies.

The plan was prompted by community requests for development of City-owned neighborhood centers, and subsequent funding allocations for a Neighborhood Centers Program utilizing Community Development and other funds that may become available.

## BACKGROUND PERSPECTIVE

Community services and facilities to meet social, cultural, educational, recreational and civic needs contribute significantly to the quality of community life. Traditional public facilities such as libraries, schools, recreation centers and public health clinics have long been recognized as meeting many of those needs. In addition, many neighborhoods are served by private non-profit community centers that are often available to the general public and provide



services at no cost or low to moderate fees. These neighborhood centers, such as those connected with the YM/WCA's or Golden Gate Neighborhood Centers Association, often provide recreational and cultural programs, child-care services, senior citizen programs, health screening, and various counseling and referral services.

In many instances, however, citizens are deprived of ready access to the foregoing services because neighborhoods lack adequate facilities to house needed services. The limitation of current facilities dictate a low level of services. In other cases, the inability of facilities to meet code requirements, such as open space standards for child care or kitchen health standards for meals programs, precludes provision of services. Furthermore, existing services are often inadequately housed in rented quarters, and poorly located or inaccessible to many people they ought to serve.

For these reasons, many San Franciscans do not have adequate access to needed human services, and therefore a commitment should be made to develop a network of neighborhood centers that will provide a focus for neighborhood activities and services. These centers would provide new and better locations for existing services that are inadequately housed, and would have space for new services or expanded existing services to meet the needs of a particular neighborhood. In addition to providing services directly, the neighborhood centers can be used to refer residents to other locations in a citywide network of services.



## FUNDAMENTAL ASSUMPTIONS

### 1. THE QUALITY OF COMMUNITY LIFE IS ENHANCED WHEN SERVICES AND FACILITIES THAT MEET DIVERSE HUMAN NEEDS ARE READILY AVAILABLE.

A socially responsive society maintains an awareness of the needs of its citizens, and is particularly sensitive to basic life-sustaining needs such as requirements for health services, nutrition and employment opportunities. Beyond basic services, neighborhoods also need a focus for community life and opportunities for informal activities and programs related to the recreation, education and civic concerns of all age groups. Neighborhood center facilities can provide the physical setting for fulfilling these needs.

### 2. EXPANDING COMMUNITY RESPONSIVENESS TO MEETING SOCIAL NEEDS AND ENRICHING HUMAN LIFE REQUIRES THE DEVELOPMENT OF ADEQUATE AND FLEXIBLE FACILITIES TO HOUSE NEEDED SERVICES.

Increasing national awareness of the needs of many people including the economically disadvantaged, elderly, underemployed and single parent households has resulted in substantial expansion of both private and public efforts to meet the basic service needs of these groups. Also, interest in civic and community activities on a neighborhood level has increased in recent years.

The expansion of social services and increased participation in neighborhood activities have resulted in an acute awareness of the inadequacy of existing facilities, both public and private, to meet needed spatial and functional requirements. If needed services are to be provided and neighborhood awareness encouraged, adequate and flexible community centers are necessary.

### 3. WHILE NEIGHBORHOOD CENTERS PROVIDE FACILITIES FOR HOUSING SERVICES, THE SUCCESS OF CENTER OPERATIONS RESTS WITH THE COMMUNITY.

Neighborhood center facilities only provide the physical shell to house services, programs and activities. The success of center operation depends on the level of community involvement, interest and support in making the center responsive to the social, cultural, recreational and civic needs of the neighborhood served and a focus for community life.



Policy 2 Assure that neighborhood centers complement and do not duplicate existing public and private facilities.

In assigning resources to develop neighborhood centers, care must be taken so as not to duplicate existing facilities with adequate capacity. Before a neighborhood center is constructed or acquired by the City, all existing facilities in the neighborhood should be surveyed and evaluated with respect to their adequacy. Expansion of existing facilities should first be explored before establishing a new facility. If required and practical, new facilities should be conveniently located in relation to existing public facilities. When developing a new facility consideration should also be given to relocating existing City and private services into it from rental quarters or spaces which are too small or otherwise substandard.

Policy 3 Develop centers to serve an identifiable neighborhood.

A community must strongly identify with its neighborhood center if successful and responsive use and service is to occur. Clearly locating a center within a perceived neighborhood strengthens the sense of identity between the residents and the center. As a physical symbol of the neighborhood the center could generate greater neighborhood interest and participation in its activities and programs. The diverse character and size of San Francisco's districts and neighborhoods will cause considerable variety in the scale and character of centers.

Policy 4 Locate neighborhood centers so they are easily accessible and near the natural center of activity.

Participation in neighborhood center activities and programs is encouraged when centers are visibly located near or within areas where neighborhood activity is clustered such as neighborhood shopping areas, recreation centers, libraries, schools and health centers. Centers should be easily accessible, particularly by foot and public transit. Major trafficways are not good locations in view of possible congestion and lowered standards of safety and traffic engineering.

Policy 5 Develop neighborhood centers that are multi-purpose in character, attractive in design, secure and comfortable, and inherently flexible in meeting the current and changing needs of the neighborhood served.

In order for neighborhood centers to be effective they should be multi-purpose and sufficiently flexible to accommodate all potential users, including children, handicapped people and elderly.



Spaces and rooms should lend themselves to various activities in response to the many and changing needs of a particular community. This can be achieved through the use of movable partitions and by providing ample storage space.

The scale of the center should be adequate and appropriate for the number of people to be served and in keeping with community character. Centers should be attractive and comfortable in design, and arranged to provide security for users, equipment and materials.

**Policy 6 Base priority for the development of neighborhood centers on relative need.**

The general level of need for and access to community services varies among neighborhoods. The types and mix of services desired also varies. In determining priorities, consideration should be given to neighborhoods in greatest need of centers, with special emphasis for the disadvantaged.

Income is a key indicator of service need, since lower-income people do not have the financial ability to purchase services such as child care, health care, recreation and personal development/career enrichment programs. Likewise, existing facilities in lower-income neighborhoods tend to be older and inadequate for needed services.

Another major consideration is access to services. Many people, particularly lower-income and elderly people, are denied needed services because these services are virtually inaccessible. Facilities should be first provided in those neighborhoods where basic livability services are needed and where people are being denied these services due to poor access.

**Policy 7 Program the centers to fill gaps in needed services, and provide adequate facilities for ill-housed existing services.**

All neighborhoods have some social services, and facilities that house those services. However, often there are "service gaps" where needs and services do not match. Child care, senior citizen programs and activities, and places for neighbors to meet and conduct community programs are often lacking. New neighborhood centers should seek to complement and supplement existing services and activities.



Since the facilities that house existing services may be inadequate, often jeopardizing the continuation or expansion of a much-needed service, new or improved neighborhood centers should provide for the relocation of services from substandard facilities.

**Policy 8** Provide neighborhood centers with a network of links to other neighborhood and citywide services.

It is often not practical, and even not desirable, to house a full range of services for the entire neighborhood in a single center. For example, child care and a drug abuse program may not be compatible in the same facility. However, in order to facilitate broad access to services, neighborhood centers should be the pivotal point in the community, providing referrals to other facilities and thus linking together all services to make them available to each neighborhood.

Neighborhood centers should have linkages with and relate to the neighborhood programs and facilities of the Art Commission, Commission on Aging, Recreation and Park Department, Public Library, Unified School District, Police Department, Health Department, Department of Social Services, and private service agencies.

---

**Objective 2** Provide neighborhood centers that are responsive to the community served.

Basic to the notion of a neighborhood center is that it be responsive to the broad needs and desires of the community served. If a center fails in this regard it will cease to be used by neighborhood residents. In order to develop and operate centers that are responsive, active neighborhood participation in the planning, programming and ongoing management of the center must be maintained.

In general, centers should be planned so that no single group, activity or program is predominant. Programs should be oriented toward all age groups and provide a mix of specialized services, referral services and general activities.

The effectiveness of the centers' programs and activities should be periodically evaluated to assess whether the needs of the community are being met and whether potential center users are being denied access due to inadequate programming or other causes.



Policy 1 Assure effective neighborhood participation in the initial planning, ongoing programming, and activities of multi-purpose neighborhood centers.

Neighborhood participation is essential to the successful and responsive functioning of a neighborhood center. Neighborhood input, from the initial planning stages through center programming and management, instills a sense of neighborhood control of the center. This is vital to the acceptance of the center as a true neighborhood facility. Also, broad neighborhood participation in center programming is essential to the definition of unmet needs and assessment of the level of interest in various programs and activities. Neighborhood comment and reaction to center operation and programs should be continuously monitored and programs and activities modified to meet changing needs.

Policy 2 Provide an effective and responsible management structure for each neighborhood center.

Effective center management and administration is essential if the many and varied needs of a neighborhood are to be met. The various center programs and activities must, in addition to being responsive to neighborhood needs, be compatible, coordinated and scheduled to match user needs. In addition, provision must be made for ongoing facility operation, maintenance and administrative management.

There are several alternative approaches for assigning neighborhood center management responsibility, including having one agency/service provider within each center take the lead and assume this responsibility, contract with an independent firm for center management services, or management by a non-profit corporation responsible to either a community board or a coalition of service providers located within the neighborhood center.

Policy 3 Insure continuing responsiveness to neighborhood needs by making clear assignments of responsibility for supervision of center operation and administration.

In order to insure that neighborhood centers in each community continue to function in a responsive and responsible manner, some entity, separate from center management, should be assigned the responsibility of administrative supervision of centers for the City. Administrative supervisory responsibilities include general monitoring of center activities, assessment of programs, technical assistance and general supervision of center operations, management and maintenance.

There are several alternative approaches for assigning administrative supervisory responsibilities, including assumption of responsibilities by an experienced private agency acting for the City, use of an existing agency of local government, or creation of a new public agency.



## CRITERIA

### Criteria for Locating Neighborhood Centers

One of the key elements in successfully planning multi-service centers for use by specific population groups is the location. Location plays a major role in the outreach efforts of service providers. A conveniently placed facility, for example, will help encourage people who have already heard of the center to use its services. If the center is prominently placed it will remind people of its presence and even advertise itself to people who otherwise would not know of its existence.

#### Criteria for Neighborhood Center Location

The center should be centrally located.

- . The center should be located in an area which is easily accessible and highly visible to the population it is intended to serve.
- . Areas near collector streets with relatively large amounts of vehicular and pedestrian traffic should be considered initially. The facility should not be placed on the major roadway but should be convenient to it.
- . Centers should be located near support facilities such as schools, parks, libraries and recreational facilities.
- . Locations near other types of services will substantially reduce the need for residents to travel to other parts of the city for needed services. Several purposes can then be accomplished in one trip.

The location should contain elements which act as a focus for the community.

- . Sites near landmarks, neighborhood shops, or major intersections are often suitable locations.

Centers should be near public transit stops, especially those directly serving the population groups to be reached.

Service centers should be located within neighborhood boundaries; however, programs could be developed to serve surrounding or adjacent communities. Information and referral services, for example, could be utilized by persons other than local residents without causing a measurable reduction in program service to the local community.



Centers should be located so that center related activities and center use are compatible and supportive of adjacent land uses, and do not disrupt nor detract from adjoining uses.

Center sites should be protected from the negative effects of vehicular traffic. Facilities should be accessible without requiring patrons, particularly children and the elderly, to cross streets which carry heavy vehicular traffic. Entrances should be located in such a manner as to provide safe ingress and egress and smooth circulation patterns.

### Design Guidelines

The design of a neighborhood center will have a critical influence upon the center's program development and the perception of its quality and character by the community. Since these facilities would benefit the greatest number of users by being located adjacent to predominantly residential districts, they must be designed in such a way that they do not make neighboring properties less desirable due to their appearance, increased noise, congestion or activity.

- The facility should provide rooms and spaces suited to the particular service needs of each area.
- The user community should participate in design development, and specific space should be set aside for murals or other forms of community expression. Additional space should be provided for neighborhood meetings, and priority should always be given to community groups for use of this space.
- The facility should be non-bureaucratic and informal in nature to achieve a friendly, pleasant and inviting feeling.
- Because multi-purpose centers must meet changing community needs, flexibility for a variety of program activities should be inherent in their design.
- The location of all services should be visible from the main entrance. An information and referral center should be visible from and close to the main entrance.
- Rooms and spaces should be well suited to unique services with separations from exclusive or incompatible uses. This may include the design of separate entrances and exits or floor separations. When such separations cannot be provided, time schedules should be worked out to avoid conflicts.



- Passive interior and exterior spaces should be separated from more active areas.
- Doors, elevators, toilets, entrances, drinking fountains, telephone locations, curbs, parking and other features should be designed to accommodate the physically handicapped, children and the elderly.
- Exterior space should have a feeling of openness, with areas set aside which are conducive to conversation and other types of interaction.



## SECTION IV

### PROGRAM RECOMMENDATIONS AND ACTIONS

As indicated in the preface of this report, planning for neighborhood centers was prompted by widespread community requests for development of City-owned neighborhood centers to be funded through the Community Development Program. Requests were also made for rehabilitation of privately operated centers and for development of recreation centers that meet additional community needs. The following is a summary of neighborhood center-related program commitments made by the Board of Supervisors as part of the 1975 and 1976 Community Development Programs.

### PROGRAM - PROVIDE ADDITIONAL NEIGHBORHOOD CENTERS

The 1975 and 1976 Community Development Programs have a total allocation of \$1.5 million for development of up to five City-owned neighborhood centers. In the summer of 1975, the Department of City Planning was given the responsibility for determining needs and priorities for establishing a program of publicly owned neighborhood centers. The consultant firms of Urban Management Consultants with Dukes-Dukes and Associates were retained to assist in this work. The consultant report, which was accepted by the Department of City Planning and Mayor's Office of Community Development, titled Inventory of Existing Needs for Neighborhood Centers in San Francisco: Final Report November 1975, compared needs for social services with service availability for San Francisco's low- and moderate-income neighborhoods.

In the consultants' report, recommendations of priority neighborhoods<sup>(1)</sup> for location of neighborhood centers were grouped into three categories as follows:

Priority "A": Neighborhoods to be considered immediately for location of a center.  
Bernal Heights  
Chinatown  
Ingleside (OMI)  
North of Market  
South of Market



Priority "B": Neighborhoods that show a need for a center and require further consideration.

Haight-Ashbury

Noe-Central

Potrero Hill

Western Addition (Hayes Valley)

Priority "C": Neighborhoods in which a new center might be useful, but for which some other type of City assistance may be more appropriate.

Bayview-Hunter's Point

Inner Richmond

Inner Sunset

Mission

North Beach

Outer Mission

Visitacion Valley

#### PROGRAM ACTION

The Department of City Planning staff is currently working with the five "Priority A" neighborhoods, assisting them in developing a service package and in locating potential neighborhood center locations. As these centers develop, and as funds are available, work will begin on development of centers for "Priority B" neighborhoods.

#### PROGRAM - REHABILITATE EXISTING NEIGHBORHOOD CENTERS

The 1975 and 1976 Community Development Programs allocated a total of \$442,500 for rehabilitation of existing private neighborhood centers. Funds were made available because many of these centers could not afford needed renovation work to bring structures up to health, fire and other code requirements.

Requests for the renovation of privately owned centers were reviewed against standard criteria. Priority was given to those centers which (1) primarily serve low- and moderate-income persons; (2) are open to the public at nominal or no charge; (3) are multi-purpose in nature; (4) have substantial past experience and have evidenced a capacity to continue providing services to the public on a long-term basis; and (5) have limited financial resources for undertaking needed improvements.



Centers that have received assistance as part of 1975/76 Community Development programming include:

		<u>District</u>
Jamestown Center	\$30,000	Mission
Centro Latino	30,000	Mission
California League for the Handicapped	26,000	North of Market
Buchannan Street YMCA	19,000	Western Addition
Sutter Street YMCA	20,000	Western Addition
Visitacion Valley Center	37,000	Visitacion Valley
Mission Neighborhood Center	18,000	Mission
Potrero Hill Neighborhood House	26,000	Potrero Hill
Canon Kip Community House	70,000	South of Market
Telegraph Hill Neighborhood House	16,500	Telegraph Hill
Booker T. Washington Center	64,000	Western Addition
Cameron House	30,000	Chinatown
Crispus Attucks Club	30,000	Bayview Hunters Point
Potrero Terrace	26,000	Potrero Hill

#### PROGRAM ACTION

As funds are made available, additional assistance should be given to private multi-purpose neighborhood centers that meet program and service criteria.

#### PROGRAM - REHABILITATE CHILD-CARE FACILITIES

Another specific need expressed during the 1975 and 1976 Community Development hearings was funding for the renovation and improvement of child-care facilities, in order to meet licensing requirements and to allow expansion of child-care services. A program to address this need was recommended as part of the Preliminary 1977 Community Development Program and \$221,400 was recommended for this purpose.

Requests for the renovation of child-care facilities are reviewed against standard criteria. Priority is given to centers which (1) primarily serve low- and moderate-income persons; (2) are open to the public at nominal or no charge; (3) have substantial past experience and have evidenced a capacity to continue providing services to the public on a long-term basis; (4) have limited financial resources for undertaking needed improvements; and (5) are providing full-day care to children of working parents.



## PROGRAM ACTION

As proposals for renovation of child-care facilities are received, they should be evaluated against the standard criteria and funded as resources permit.

## PROGRAM - RENOVATE AND IMPROVE EXISTING RECREATIONAL FACILITIES

As indicated in the background section of this report, recreation centers are used for senior citizen programs and tiny tot programs in addition to sports, crafts and games for other age groups. Recreation centers that have received assistance as part of the 1975/76 Community Development Program include:

	<u>District</u>
Milton Meyer Recreation Center	\$190,000
Joseph Lee Recreation Center	90,000
Potrero Hill Recreation Center	90,000
Rolph Playground and Center	212,500
Cayuga Recreation Center	60,000
Chinese Recreation Center	25,000
	Bayview-Hunters Point
	Bayview-Hunters Point
	Potrero Hill
	Mission
	Outer Mission
	Chinatown

## PROGRAM ACTION

Again, as funds are made available and as needs exist, recreation center improvements should be made.

## OTHER PROGRAMS AND ACTIONS

Recognizing that development of City-owned neighborhood centers in all neighborhoods is financially impossible, the use of resources can be maximized and service needs met in many cases by seizing opportunities to expand existing public facilities and by incorporating neighborhood service facilities in new public structures.

The 1976 Community Development Program made available \$526,000 for rehabilitation of existing branch libraries. The emphasis in renovation was upon increasing the multi-purpose nature of libraries by providing additional multi-purpose community space for the following:

	<u>District</u>
Bernal Branch	\$171,000
Chinatown Branch	194,000
Park Branch	146,000
Noe Valley Branch	15,000
	Bernal Heights
	Chinatown
	Haight Ashbury
	Noe Valley



## PROGRAM ACTIONS

The staff of the Department of City Planning should continue to identify opportunities for incorporating multi-purpose community space in existing public buildings, and in the plans for new public buildings and buildings receiving public assistance. To the extent possible, the staff should also identify facilities and spaces that may be appropriate for private non-profit services and community use.



## CITY PLANNING COMMISSION

Gordon J. Lau, President  
Toby Rosenblatt, Vice-President  
Susan J. Bierman  
Ina Fleming Dearman  
Charles Starbuck III  
Thomas J. Mellon, Chief Administrative Officer  
Thomas G. Miller, Alternate  
John D. Crowley, General Manager of Public Utilities  
James J. Finn, Alternate

## DEPARTMENT OF CITY PLANNING

Rai Y. Okamoto, Director of Planning  
Edward I. Murphy, Assistant Director of Planning  
R. Spencer Steele, Assistant Director, Implementation  
George A. Williams, Assistant Director, Plans and Programs  
Lynn E. Pio, Administrative Secretary

This report was written by Lou Blazej and William Ward, with assistance from Audrey Owen, Jon Pon and Glenda Skiffer, under the direction of George A. Williams. Graphics were prepared under the direction of Frank Hendricks. The report was typed by Nancy Bang and Jocelyn Gordon.





